

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90120 020 \*\*\*150.00

**DOCUMENT # 679227**

1. Entity Name  
**DOUBLE U.S. INC.**

Principal Place of Business  
**236 Bradley Pl**  
**Palm Beach, FL 33480**  
**US**

Mailing Address  
**236 Bradley Pl**  
**Palm Beach, FL 33480**  
**US**

2. Principal Place of Business  
**248 Colonial Lane**

3. Mailing Address  
**248 Colonial Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Palm Beach, FL**

City & State  
**Palm Beach, FL**

4. FEI Number  
**59-2014750**

Applied For  
 Not Applicable

Zip  
**33480**

Country  
**USA**

Zip  
**33480**

Country  
**USA**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

**Gildan, Laurie L.**  
**777 S. Flagler Dr.**  
**Suite 310 East**  
**West Palm Beach, FL 33401**

## 7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**Suite 300 East**  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW WITH FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE **P/T/S** ☐ Delete  
 NAME **Shenkman, William Jay**  
 STREET ADDRESS **15 Avenue De Grande-Bretagne**  
 CITY - ST - ZIP **Monte Carlo, MO 98000**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/T** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE **S** ☐ Change ☒ Addition  
 NAME **Laurie L. Gildan**  
 STREET ADDRESS **777 S. Flagler Dr., #300E**  
 CITY - ST - ZIP **West Palm Beach, FL 33401**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Laurie L. Gildan, Sec.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/00**  
 Date

**561-650-7900**  
 Daytime Phone #

CR2E034 (9/99)